PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS			10					RATE	FEE	7	RATE	FEE	٦
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fe	E 385.00	OR	BASIC FEE	770:00	
TOTAL CHARGEABLE CLAIMS			90 minus 20=		. 0			XS 9=		OR	X\$18=		
IN	DEPENDENT C	LAIMS	2 in	inus 3 ≐				X43=		OR	ХВ6°		
M	JUTIPLE DEPE	NDENT CLAIM P	RESENT —					+145=		OR	+290=		
		in column 1 is	less than zero, enter "0" in column 2 ·			•	TOTAL	1.	OR	TOTAL	716	٦	
	CLAIMS AS AMENDED - PART II								***************************************	•	OTHER	THAN	
۲	-PE 1-27-04 (Column 1) (Column 2) (Column 2) (Column 2)							SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	L
	Total	. 20	Minus .	- 2	0	. —		X\$ 9=	\ .	OR	X\$18=	1	
	Independent	NTATION OF MI	Minus	PENIDENT	CI AIM	1.		X43=		OR	X86=	$\cdot$	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
								TOTAL DOIT, FEE		QЯ	TOTAL ADDIT, FEE	1	
		(Column 1)		(Colum		(Column 3)				• • •			1
AMENDMENT.B	3-1407	CLAITÉS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	. 20	Minus	- 6	20	• O		X\$ 9=		OR	X\$18=		]
	Ind pendent	NTATION E SALI	Minus	ENDEAG	3	<u>· 성</u> .		X43= *		OR	<b>数</b> 6	400	1
FIRST PRESENTATION F MULTIPLE DEPENDENT CLAIM								+145=		OR	+ <b>290</b> =		1
	•						A	TOTAL XXII. FEE	• •	OR	YOTAL NODIT, FEE		]
		(Column 1)		(Colum		(Column 3)	•	•	•			•	1
AMENDMENT C		CL	•	HIGHE NUMBI PREVIOL PAID FI	ERI JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	$\mathcal{S}_{-}$	Minus	-20	2	•_/	$\Gamma$	X3 9=		OR	X318=		1
	Independent		Minus	- 6	2	•		X43=			X86=		1
	FIRST PRESENTATION HE MULTIPLE DEPENDENT CLAIM					<u> </u>	Ή			OR		<u>-</u>	ł
·• #	the other least-	nn 1 je lace ihan Ma			~	1.	Ŀ	145=		ORT	+290=	•	1
** If the rithy in column 1 is less than the entry in column 2, write "O' in column 3.  ** If the "Highest Number Proof stry Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Proof stry Paid For" IN THIS SPACE is less than 3, enter "2."  ** OP ADDIT. FEE													I
	he Tighest Num	ber Pr / Paid	For (Total or	independen	is the l	highest number	tound	lin th app	ropriate bax	in colu	ma 1.	•	ı

FORM PTO-875 (Rev. 10'00)

Application or Docket Number